

Bacterial Analysis of Foods Request Form

Please fill in all of the gray areas.



State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA Lab No. ID00018

Environmental/ Agency		
Address:		
City:	State:	Zip:
Attention:		Contact Phone:
Collected by	Date Submitted (Mo, Day, Yr)	Epi / Outbreak Number

SAMPLES COLLECTED	Hour	Date	Temperature of collection	Source	
				<input type="checkbox"/> Restaurant* <input type="checkbox"/> Home <input type="checkbox"/> Institutional	<input type="checkbox"/> Processing <input type="checkbox"/> Grocery/Store
TEST REQUESTED (Check appropriate boxes)					
<input type="checkbox"/> Plate count <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> <i>E. coli</i> O157:H7 <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella					
<input type="checkbox"/> Total coliform <input type="checkbox"/> <i>Staph. aureus</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> Listeria <input type="checkbox"/> Campylobacter					
<input type="checkbox"/> Vibrio <input type="checkbox"/> Microscopic examination <input type="checkbox"/> toxin (<i>Staph aureus</i> / <i>Bacillus cereus</i>)					

LABORATORY Sample Number (LAB USE ONLY)	FOOD/PRODUCT	NOTES

Special Instructions:

* Please indicate name of restaurant and/or place of purchase, including address if samples are from a chain restaurant or store.

Food Poisoning Investigations

Number of people ill	Time of Onset	Incubation period	Duration of Illness
Symptoms			
General	Gastrointestinal	Diarrhea	Other(Specify)
<input type="checkbox"/> Nausea <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle aches <input type="checkbox"/> Head ache	<input type="checkbox"/> Fever <input type="checkbox"/> Vomiting <input type="checkbox"/> Cramping <input type="checkbox"/> Bloating	<input type="checkbox"/> Bloody <input type="checkbox"/> Watery	
Frequency/Day			
Type of food poisoning suspected			

LABORATORY USE ONLY

Shipper: _____ Container Type: _____ Preservatives: _____
Date/Time Received: _____ Received By: _____ Lab Order ID: _____

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